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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 36 Phillips 0647 Dodson Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Operated Percentage Capacity Social Security # Per Day Per Mile Inspection 60 2-A 36-2-A100 West 100 0.95 42 None 60 2-A 36-2-A-116 North 208 0.95 47 12/14/04 36-2-A-116ANorth 0.95 47 12/14/04 60 2-A 120 36-2-A-116BNorth 0.95 2-A 88 47 12/14/04 60 36-2-A-133 South 60 2-A 133 0.95 48 12/14/04

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES
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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent							May 10 to May 24 to	County	_	tendent
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIMI	BURSEMEN	T FOR S	CHOOL B	SUS TRAN	NSPORT	'ATION:	
This clain	n is for the	e period beginning	,	month	day,	20 and	l ending	m	onth	, da	20 ny
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:			District	:						District Le	vel:
36 Philli	ps		0648	Dodson l	H S		High School				chool
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	/ Insj	pection		rated	Bus Driver's Social Security #
40	С	36-2-A100 V	Vest	100	0.95	42	N	lone			
40	C	36-2-A-116 N	North	208	0.95	47	12/	14/04			
40	C	36-2-A-116A	North	120	0.95	47	12/	14/04			
40	C	36-2-A-116B	North	88	0.95	47	12/	14/04			
40	C	36-2-A-133 S	South	133	0.95	48	12/	14/04			

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County	

DUE
DATES

First Semester February 1 to County Superintendent February 15 to State Superintendent					•	• -	tendent
ETE TH	IS CLAIM FO	R STATE REIME	BURSEMEN	T FOR SCH	HOOL BUS TRA	NSPORTATION	•
n is for the	period beginning			20 and er	nding	,	20
		month	day				ay
ICATIO	N:						
mation on	this form is compl	ete and accurate to the	e best of my kno	owledge.			
		Signature, Chair, Board	d of Trustees				
		District:				District Le	evel:
36 Phillips 0657 Saco H S						High S	chool
District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
В	1	130	1.15	52	12/30/04		
В	2	135	0.95	42	01/03/05		
В	3	109	0.95	42	12/30/04		
В	4	96.7	1.15	52	12/30/04		
	ETE THE In is for the ICATIO mation on District # B B B B	February 1 of February 1 of February 1 of February 15 ETE THIS CLAIM FO on is for the period beginning of the period beginnin	February 1 to County Supering February 15 to State Superint ETE THIS CLAIM FOR STATE REIME In is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMEN In is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCH In is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAIN is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION In is for the period beginning

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:	Township to so some supermounders						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLI	ETE TH	IS CLAIM FO	R STA	ATE REIME	BURSEMEN	T FOR SC	CHOOL BUS TRA	ANSPORT	ATION:		
This clain	n is for the	period beginning	!		,	20 and	ending		,2	20	
				month	day			month	da	ny	
CERTIF	[CATIO]	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	ıre, Chair, Board	d of Trustees						
County:			District	::				1	District Lev	vel:	_
36 Phillips			0659 Malta K-12 Schools				High School				
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Day Opera		Bus Driver's Social Security #	
100	14A	1		76	1.15	53	12/30/04				
100	14A	2		76.4	1.80	81	01/10/05				_
100	14A	3		110	0.95	36	12/30/04				_
100	14A	3-non		110	0.50	36	12/30/04				_
100	14A	4		93	0.95	21	12/30/04				_
100	14A	5		85	1.57	77	12/30/04				_
100	14A	6		92	1.15	52	12/30/04				_
100	14A	6-NON		92	0.50	52	12/30/04				-

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent
COMPLE	TE THIS CLAIM FOR STATE REIMBURSEMENT	Γ FOR SCHOOL BUS TRANSPORTATION:
This claim	is for the period beginning	20 and ending
CERTIFIC	CATION:	
The inform	nation on this form is complete and accurate to the best of my kno	wledge.
Date	Signature, Chair, Board of Trustees	
County:	District:	District Level:
36 Phillip	os 0663 Whitewater K-12 So	chools High School

	1-~									
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
100	D	1	162	1.15	54	12/31/04				
100	D	2	143	0.95	49	01/18/05				
100	D	3	80	1.15	54	01/18/05				
100	D	4	158	0.95	48	01/18/05				
100	D	5	48	0.95	36	01/18/05				
100	D	6	118	0.95	43	12/31/04				

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DUE
DATES

DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:												
This claim is for the period beginning												
		r		nonth	day			_	month	day		
CERTIFI	CATIO	N:										
The inform	mation on	this form is comp	lete and a	accurate to the	best of my kno	owledge.						
Date Signature, Chair, Board of Trustees												
County:			District:							District Level:		
36 Phillips 1203 Saco Elem Elementary						,						
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capac	ity	Inspection	Da Oper		Bus Driver's Social Security #	
75	12A	1		130	1.15	52		12/30/04				
75	12A	2		135	0.95	42		01/03/05				
75	12A	3		109	0.95	42		12/30/04				
75	12A	4		96.7	1.15	52		12/30/04				